

Guiding Employment First in Indiana: A Statewide Plan for Systems Change

2011-2015

DRAFT

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY
2. CHAPTER ONE: INTRODUCTION TO THE STRATEGIC PLAN
 - A. INDIANA NEEDS A COMPPREHENSIVE STRATEGIC PLAN
 - B. INDIANA, EMPLOYMENT AND DISABILITY
 - C. INDIANA SUPPORTS EMPLOYMENT OPPORTUNITIES TODAY
 - D. BUILDING A TEAM TO TAKE INDIANA THROUGH 2015
3. CHAPTER TWO: THE INDIANA COMPREHENSIVE STRATEGIC PLAN
 - A. MISSION
 - B. GOALS
 - C. STRUCTURE
4. CHAPTER THREE: THE NECESSITY OF ACCESS TO HEALTHCARE FOR EMPLOYEES WITH DISABILITIES
 - A. NEED
 - B. DESIRED OUTCOME
 - C. BARRIERS
 - D. OBJECTIVES AND STRATEGIES
 - E. CONCLUSION
5. CHAPTER FOUR: ENGAGE BUSINESSES IN HIRING INDIVIDUALS WITH DISABILITIES BY SUPPORTING BUSINESS NEEDS
 - A. NEED
 - B. DESIRED OUTCOME
 - C. BARRIERS
 - D. OBJECTIVES AND STRATEGIES
 - E. CONCLUSION
6. CHAPTER FIVE: DEVELOP AND ENHANCE THE WORK INCENTIVES PLANNING INFRASTRUCTURE INCLUDING FINANCIAL LITERACY AND ASSET DEVELOPMENT
 - A. NEED
 - B. DESIRED OUTCOME
 - C. BARRIERS
 - D. OBJECTIVES AND STRATEGIES
 - E. CONCLUSION
7. CHAPTER SIX: IMPROVE SUPPORTED EMPLOYMENT SERVICES SO THAT INDIVIDUALS CAN ACQUIRE, KEEP AND ADVANCE IN EMPLOYMENT
 - A. NEED
 - B. DESIRED OUTCOME
 - C. BARRIERS
 - D. OBJECTIVES AND STRATEGIES
 - E. CONCLUSION
8. CHAPTER SEVEN: DEVELOPING THE STRATEGIC PLAN IN INDIANA
9. CHAPTER EIGHT: COMMUNICATING THE STRATEGIC PLAN TO KEY STAKEHOLDERS
10. ACRONYM GUIDE
11. APPENDICES

CHAPTER ONE: INTRODUCTION TO THE STRATEGIC PLAN

INDIANA NEEDS A COMPREHENSIVE STRATEGIC PLAN FOR EMPLOYMENT

In January 2010, the Indiana Medicaid Infrastructure Grant (MIG) began formal work to develop a Comprehensive Strategic Plan to improve the employment services systems for individuals with disabilities. The MIG is a federal grant that works to remove barriers to employment for individuals with disabilities and in Indiana, the MIG is working towards changes that will allow individuals with disabilities to work to their fullest potential.

The development of this strategic plan has been a high priority of the state of Indiana's MIG since 2008, because Indiana understands that without a roadmap and strategic partnerships, employment outcomes for individuals with disabilities will not improve. Improving employment for individuals with disabilities to levels comparable to non-disabled individuals will drive the state forward in commerce, reduce reliance on federal and state entitlement programs, increase tax revenues and bring individuals out of poverty.

Under the advisement of a statewide Leadership Council, which provides guidance on goals for use of grant funds and recommendations for sustainable systems change activities, the Indiana Comprehensive Employment Strategic plan outlines a roadmap for integrated employment services for Hoosiers with disabilities through 2015.

INDIANA, EMPLOYMENT AND DISABILITY

Recent Social Security Administration data indicates that in Indiana, there are over 175,000 individuals receiving Social Security Disability Insurance (SSDI) benefits; over 75,200 individuals aged 18-64 who are recipients of Supplemental Security Income (SSI); and, more than 35,600 beneficiaries receiving SSDI/SSI concurrently.¹

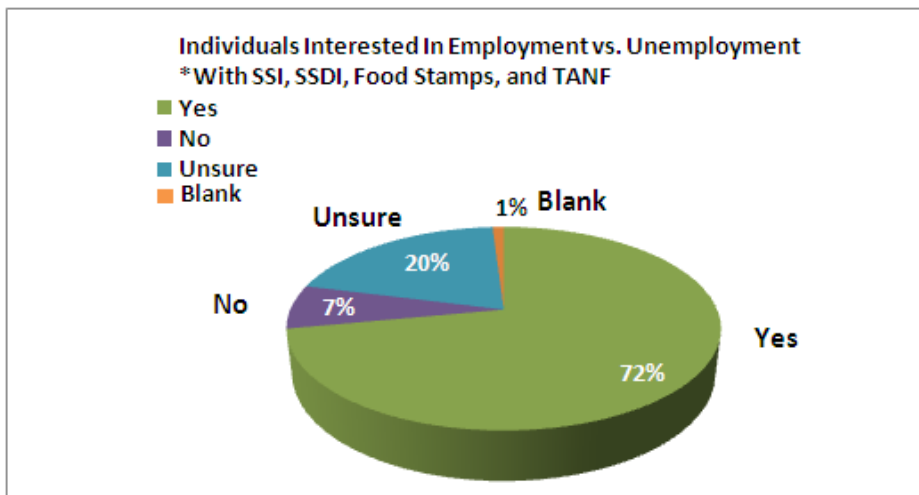
The 2008 Indiana Disability Status Report, published by Cornell University indicates that the percent of the population with a disability ages 16-64, is over 18%. The employment rate of working age individuals with disabilities (ages 21-64) was 39.8% compared to an 80.6% employment rate for working-age individuals without disabilities.

While the annual median earnings of working-age individuals with disabilities are reportedly \$33,600, a staggering 25.5% of working-age individuals with disabilities in Indiana remain in poverty. For a full report of the state environment on employment in Indiana, please refer to Appendix A.

INDIVIDUALS WITH DISABILITIES WANT TO WORK

Indiana recognizes that there is a common misconception that individuals with disabilities do not want to work and are content surviving on government provided programs such as Social Security, Medicare and Medicaid. However, in the process of planning for the strategic plan the MIG sponsored a consumer survey to better understand how individuals with disabilities perceive work, and how they receive the information needed to make decisions about returning to work or attempting work for the first time. The results of the consumer survey indicate that respondents express clear desire to work and have a need for clear, concise sources of information. Of the over 300 responses received, 72% stated that they would rather work and be self-sufficient instead of relying on public benefits. Twenty percent of respondents were unsure if employment would be an option for them while only 7% responded that they did not want to work.

¹ Social Security Administration Congressional Statistics, December 2009. Office of Program Development and Research & Office of Research and Evaluation Statistics.



While individuals with disabilities may want to choose employment over reliance on benefits, they encounter many barriers that make that choice difficult or impossible. The Office of Disability Employment Policy studied barriers to employment and indicated that more than half of the non-working adults with disabilities who were studied encountered difficulties with employment barriers.

The most frequently cited reasons for being discouraged from looking for work were:

- No appropriate jobs available-52%
- Family responsibilities-34%
- Lack of transportation-29%
- No appropriate information about jobs-23%
- Inadequate training-21.6%
- Fear of losing health insurance or Medicaid-20.1%
- Discouraged from working by family and friends-14%²

INDIANA SUPPORTS EMPLOYMENT OPPORTUNITIES FOR INDIVIDUAL WITH DISABILITIES

Through the use of MIG funds, Indiana has made a number of improvements to the state's infrastructure for employment of individuals with disabilities. While Indiana has been a leader in many aspects of employment supports and the use of innovative practices, the state realizes that ongoing efforts are necessary to improve employment outcomes, economic outlook and the overall wellbeing of individuals with disabilities. Indiana has been awarded MIG funds since 2003. Activities coordinated through the MIG include:

Addressing Healthcare Needs for Employed Individuals with Disabilities

- Continued development and analysis of the Medicaid Buy-In program (known as M.E.D. Works) implemented in July 2001. As of December 2009 the enrollment in M.E.D. Works was 4,448. Through 2009, the MIG supported a four-phase evaluation of the M.E.D. Works program. This analysis showed trends in increased earnings for three populations of M.E.D. Works recipients (developmental disabilities, mental illness, and physical disabilities).³

² U.S. Department of Labor, Office of Employment and Disability Policy, <http://www.dol.gov/odep/archives/ek01/stats.htm>, (16 March 2010).

³ Jensen, A., Banks, B. & VanDyke, R. (2008) Indiana Medicaid and Employment Evaluation: Phase I, II, III and IV Reports presented to the Office of Medicaid Policy and Planning.

- Identifying Indiana's Medicaid barriers to employment and gathering data to recommend systems change (such as the utilization of Section 1619(b) of the Social Security Act and eliminating Indiana's Medicaid Barriers to Social Security's Plan to Achieve Self Support (PASS) work incentive).

Engaging the Business Community in Recruiting, Hiring, Training, and Creating Employment Opportunities for Individuals with Disabilities

- Building and supporting a statewide Business Leadership Network (BLN), and engaging businesses in supporting recruitment and hiring of individuals with disabilities. Six BLN's are successfully operating in various communities in Indiana.
- Expanding and developing key business partnerships (including local corporations, industry associations, unions, local chambers of commerce, and the Indiana Department of Labor) to enhance opportunities for individuals with disabilities to access employment within Indiana industries and larger companies.
- Conducting needs assessments with business partners to determine specialized service plans that meet the specific needs of each corporation and create internal capacity for hiring individuals with disabilities. These business plans address marketing collaboration, job training, recruiting, hiring, job advancement and follow-along support needed to promote positive outcomes for businesses hiring individuals with disabilities, including those hired through the MIG's 'Corporate Development' initiative. Businesses such as CVS Pharmacy, Vera Bradley, Pitney Bowes, Lowe's, Frito Lay, Wal-Mart, Office Max and Best Buy are several companies participating in the initiative.
- Developing and expanding a training and consultation program for Community Rehabilitation Programs, Mental Health Centers, Employment Networks and Employment Service Providers related to all aspects of working proactively with corporate partners.
- Supporting local and statewide efforts of the various employment service provider agencies to form collaborative groups to provide support to corporate partners. This effort, referred to as a 'Single Point of Contact' system is a state-of-the-art approach which allows each business partner to have one point of contact for all questions, concerns, and follow-up related to the hiring and support of employees with disabilities.
- Funding the 'Think Beyond the Label' marketing campaign both nationally and in targeted communities in Indiana. Collaborating with Indiana Career Connect, the state business job bank to provide access to employers to hire individuals with disabilities who are qualified to meet the specific needs of businesses.

Developing a Comprehensive Work Incentives Planning and Financial Stability Infrastructure

- Building a statewide Benefits Information Network (BIN) of providers who are knowledgeable about work incentives and can collaborate with the Social Security Administration (SSA)-funded Work Incentives Planning and Assistance (WIPA) programs to support beneficiaries in using work incentives and making informed choices about federal and state benefits and work. Over 200 professionals (referred to as Benefit Information Network (BIN) Liaisons) working in Community Rehabilitation Programs, Community Mental Health Centers and other organizations providing employment services, are trained and certified/recertified each year. The BIN project incorporates quality review and technical assistance with all BIN Liaisons. Three levels or "tiers" of expertise have been developed with the Liaisons, including at least 13 individuals who have achieved national Community Work Incentive Coordinator (CWIC) certification through the WIPA National Training Center.
- Creating a comprehensive work supports website for individuals with disabilities which provides information on federal and state benefits and work incentives programs. The website also contains specific information pertaining to Indiana's Medicaid programs, and averages over 40,000 hits per year.
- Developing Fact Sheets on Work Incentives that are updated annually and broadly distributed to beneficiaries seeking employment.
- Facilitating partnerships with existing financial stability coalitions to make services for asset development and financial literacy accessible for individuals with disabilities. This includes collaboration with the Internal Revenue Service (IRS) Stakeholder Partnerships Education and Communication (SPEC) partners, Community Action organizations, the state Assets for Independence (AFI) Program, the coalitions convened through the

state United Way organizations, the Indiana Housing and Community Development Authority (IHCDA), and other stakeholders in Indiana's financial stability coalitions.

Enhancing the Employment and Training System and Network of Employment Services Providers

- Sponsoring an Employment First Coalition in 2005 and annually sponsoring a forum on employment and the Ticket to Work (TTW) in 2006 and 2007. In the fall of 2008, the MIG conducted a statewide Summit on Economic Development, Employment and Disability which was attended by Indiana's business community, state partners, employment service providers, workforce investment partners, and state leadership. The summit led to increased participation in TTW, Employment Network (EN) recruitment, and increased awareness of state employment initiatives.
- Collaborating with SSA to host a Choose Work Event in June of 2010 to educate current and potential EN's on serving beneficiaries through the TTW. Education and technical assistance was provided to over 90 individuals who participated in the event.
- Sponsoring the 6th National Organizational Change Forum in Indianapolis in September 2010, and coordinating efforts with stakeholders who have a common mission of supporting systems change to improve employment outcomes for individuals with disabilities.
- Supporting the statewide implementation and expansion of Project SEARCH, a nationally recognized training and employment model for individuals with significant disabilities that engages partnerships with local businesses, schools, Vocational Rehabilitation Services (VRS), and local employment service providers. Project SEARCH is a viable, sustainable, and effective approach for empowering transition aged youth and young adults to achieve quality employment outcomes.

BUILDING A TEAM TO TAKE INDIANA THROUGH 2015

The programs and actions described in detail above have been supported through MIG funding and through the commitment of the MIG management team, contractors, state leaders and the MIG Leadership Council. The Council embarked on planning for a comprehensive system of employment supports beginning in 2008, and formally developed a strategic plan throughout calendar year 2010. This plan will be implemented beginning in 2011 through 2015, and will work towards making initiatives described in the plan sustainable without continued MIG funding.

The plan and its implementation works to identify not only the actions required to be successful, but the partners that will carry on the work that the Indiana MIG has started and supported for the past eight years. The combination of action steps and collaborative partnerships are required to make the infrastructure changes that have already occurred permanent and viable.

By providing avenues of communication and convening high-level leadership within state agency divisions, the plan provides the opportunity to align initiatives, reduce duplication of effort and address goals for employment of individuals with disabilities. The strength and commitment of these identified partners will take Indiana to the next level of addressing infrastructure change and will drive a national model for employment for individuals with disabilities.

CHAPTER TWO: THE INDIANA STRATEGIC PLAN

MISSION

The mission of the Indiana Comprehensive Employment Strategic Plan is to empower individuals with disabilities to work to their fullest potential while engaging Indiana businesses and partners to value the contributions that employees with disabilities bring to their organizations. Achieving our mission will transform the employment landscape in Indiana by increasing the talented and diverse workforce that will enable Indiana to successfully compete at a national level to bring high demand businesses and jobs into the state.

VALUES

This mission was carefully planned through Indiana's values:

- Partnership with all consumers, advocates, state leadership and the business community
- Open communication to achieve goals that are mutually beneficial to all parties
- Dual customer approach to working with businesses and consumers
- Equal opportunity for all Indiana workers
- Individuals reaching their fullest potential
- Self-sufficiency and enhanced quality of life
- Education and training
- Diversity of all types integrated into the Indiana community and business infrastructure

STRUCTURE

Following an environmental analysis of Indiana's employment systems for individuals with disabilities, the Leadership Council identified many areas where infrastructure systems change could increase employment opportunities. After further study, four focus areas were prioritized based on achievability of the desired change and the ability to impact desired change. The Leadership Council members created workgroups to further delineate the barriers, governing principles, and overarching goals of each of the focus areas. The workgroups were charged with creating a work plan to complete the information needed and a timeline for the plan. Workgroups were provided guidance on how to address issues and plan for strategies. This guidance provided a roadmap for further planning, including specific action steps, additional data needs (including baseline data), formulating additional questions, and developing strategies and objectives to achieve desired outcomes.

Each objective was evaluated for achievability based on the current environment surrounding each focus area, the existing and needed collaborative partnerships, and the workgroup's planned activities. The rankings for achievability are adequate, or not yet adequate. When an objective is not yet adequate for achievability, the necessary action required to achieve an adequate status is outlined.

The four focus areas will guide Indiana's strategic vision for creating a competitive employment system where individuals with disabilities are able to work to their fullest potential in Indiana businesses, where businesses understand the value of a diversified workforce, and where individuals are able to reduce reliance on entitlement programs while maintaining necessary medical coverage and taking control of their financial futures. The outcomes of the work plans created by each group pertaining to their respective focus area are described in the next four chapters.

CHAPTER THREE:

THE NECESSITY OF ACCESS TO HEALTHCARE FOR EMPLOYEES WITH DISABILITIES

THE NEED

When individuals choose employment, understanding and protecting their available healthcare options is essential. For individuals with disabilities, access to healthcare is especially critical. In Indiana and across the country when individuals with disabilities choose to return to competitive employment their earnings may result in the loss of critical Medicaid coverage, and they are too often forced to forfeit continued access to the healthcare that makes them healthy enough to continue working. In order to improve employment outcomes for individuals with disabilities, Indiana must improve access to healthcare for individuals with disabilities pursuing employment.

Indiana's Medicaid eligibility policies regarding employment for individuals with disabilities is more progressive than many other states and this is demonstrated by the inclusiveness of Indiana's Medicaid Buy-In (MBI) program, referred to as M.E.D. Works. However, there are still many policies that if updated could potentially remove the largest barrier to employment in Indiana; fear of losing Medicaid coverage. Compounding the policy issues surrounding improving healthcare access is federally mandated healthcare reform. The future effect of this reform on individuals with disabilities and their ability to seek, retain and advance in employment is currently unknown. Through the next five years, Indiana will continue to monitor and address changes in federal policy and the impact on working individuals with disabilities.

DESIRED OUTCOME

Indiana State leadership will create an overarching policy regarding the importance of work for individuals with disabilities and the various state agencies will work together in a mutually beneficial partnership to protect and improve individuals' with disabilities access to healthcare and other supports. Examination and removal of appropriate policy barriers to employment so that individuals with disabilities can achieve successful employment outcomes will occur. All Family and Social Services Administration (FSSA) division leaders will convene; led and supported by the Division of Disability and Rehabilitative Services (DDRS). Indiana's program regulations and policies will be clearly defined and articulated to promote competitive, integrated employment. As a result, education and outreach on Indiana's policies will be available to individuals with disabilities and their advocates so they have information on the healthcare and other available work supports when working competitively and striving to achieve self-sufficiency.

Achieving increased access to health care for individuals with disabilities in Indiana through education and collaborative partnerships will result in an increased number of individuals transitioning from the traditional Medicaid assistance for disabled into employment and Indiana's Medicaid buy-in (MBI) Program. The result will be a reduction of reliance on cash assistance entitlement programs, increased federal and state tax revenues and increased spending for consumer goods in Indiana.

BARRIERS

- Many individuals fear the loss of Medicaid and Medicare when working. More outreach is needed on Medicaid work incentives, including M.E.D. Works and Section 1619(b) of the Social Security Act. Section 1619(b) provides Medicaid protection for SSI beneficiaries when earnings cause a suspension of their SSI cash payment up to the state's Medicaid threshold of \$32,930 (in 2010). M.E.D. Works provides an opportunity for Medicaid eligible individuals to purchase Medicaid coverage (namely working individuals who are SSDI beneficiaries or others who would incur a spend-down when working, or lose Medicaid protection altogether, when employed).
- Information about state and federal work incentives is not written in clear and understandable language for individuals and their advocates, and is often not available at critical points when individuals need to make decisions about their benefits and the various social services they receive.

- Indiana continues to have restrictions on the use of the Plan to Achieve Self Support (PASS) work incentive for many individuals who are Medicaid Assistance for the Disabled recipients. While a policy change has been approved by the office of Medicaid Policy and Planning (OMPP) the implementation has not yet occurred.
- There are limited resources available to provide the employment supports that are essential to long term, competitive employment success for individuals with disabilities.
- M.E.D. Works allows individuals to save money in approved retirement accounts; however when members age out of the program or stop working, the funds in the approved accounts become countable resources and must be exhausted by the member in order to maintain Medicaid eligibility.
- Federally mandated healthcare reform may potentially jeopardize some individuals' with disabilities ability to work and still retain healthcare coverage of some nature. At this point, it is unclear as to the impact of healthcare reform on healthcare supports for working individuals with disabilities.

OBJECTIVES AND STRATEGIES

Objective 1:

Convene a high level FSSA leadership body to focus on employment for individuals with disabilities led and facilitated by DDRS and Vocational Rehabilitation Services (VRS) leadership. The purpose of this group will be to discuss employment priorities in each division, and collaborate on efforts to improve employment for individuals being served by all FSSA divisions. The FSSA leadership body will examine data produced through the continued evaluation of Medicaid Buy-In (MBI) data and find other means in which to enhance the data collection and analysis through data sharing agreements. The group will minimize duplication of efforts between divisions and work to rectify conflicting policies between divisions that inhibit competitive employment for individuals with disabilities.

Strategies

- 1) Meet with heads of each of the five FSSA divisions to discuss the importance of employment for their division, their consumers and the state. Upon buy-in of high level leadership, convene a workgroup that will meet quarterly over the strategic plan period. Utilize the quarterly meetings to bring employment to the forefront, discuss existing barriers to employment, strengthen collaborative partnerships to improve employment outcomes, and review data.
 - a) Work with the Ticket to Work (TTW) workgroup that DDRS convened in 2010 to address the issues of funding of supported employment follow-along services. Educate and encourage employment service providers that are or will become Employment Networks (ENs) to utilize the unrestricted funding opportunities of the TTW reimbursement dollars to increase availability for follow-along services that are essential to long term successful employment outcomes.
 - b) Work with state level implementation team for healthcare reform to protect individuals' with disabilities ability to work under federally mandated healthcare reform. DDRS will commit to this planning process with high level leaders.
- 2) Continue collection of MBI data and evaluate data on a bi-annual basis to continue to show improved outcomes for individuals in the MBI program and identify areas where barriers still exist. Maintain and improve data reporting regarding the effectiveness of the Medicaid work incentives and the outcomes of participants in the MBI program and those eligible for Section 1619(b) Medicaid protection. Assess movement toward self-sufficiency outcomes and use data to demonstrate the value of the MBI program in supporting self-sufficiency outcomes.
 - a) Continue data collection of M.E.D. Works participants and compare to results of studies conducted in 2008 and 2009.
 - b) Measure and evaluate the following data for Indiana's MBI program to provide ongoing follow-up of the initial M.E.D. Works assessments to serve as baseline for continued improvement in outcomes:
 - I. M.E.D. Works participation total and by disability group,

- II. Average income of participants by total and disability group,
 - III. Average hourly wage of participants by total and disability group,
 - IV. Average hours worked of participants by total and disability group, and
 - V. Expenditures including overall dollars spent, per member per month expenses, and utilization dollars spent in comparison to working aged disabled population.
- c) Develop reporting on data on number of SSI/Medicaid members moving into 1619(b) status.
 - d) Collect data on a set of Medicaid members achieving Substantial Gainful Activity.
 - e) Develop reporting on household and demographic information on MBI participants.
 - f) Utilize this data and analysis to engage and drive policy decisions within the FSSA Employment workgroup.

Measures

As a result of all of the efforts in the strategic plan, the following will be measurable outcomes in the M.E.D. Works continued evaluation, utilizing the baselines established through the initial M.E.D. Works evaluation. Please note that these increases will not occur as a result of increased Medicaid enrollment, or an expansion of Medicaid eligibility or services.

- 1) Increase in total number of M.E.D. Works participants by 5% in year one with an annual increase of 10% each of the following four years.
- 2) Increase in average wages of M.E.D. Works participants by 10% by 2015.
- 3) Increase average number of hours worked by 10%.
- 4) Increase retirement resources allocated by M.E.D. Works members by 10%.
- 5) Removal of policy barriers in all FSSA divisions, especially policies regarding access to healthcare while working as appropriate and fiscally responsible.

Achievability

The ability to collect Medicaid data for the evaluation of the MBI is adequate in the current environment. The ongoing partnership with OMPP regarding data collection and reporting has set a strong foundation for the continued analysis of Indiana's MBI program. Development of new reporting and creation of standardized reports has started in September 2010.

The current environment is not yet adequate to convene a high level leadership group with all FSSA divisions with employment as a focus. In the current environment, many FSSA divisions have placed a hold on policy changes and project implementation, including the PASS implementation. DDRS and OMPP will continue to keep this policy change at the forefront as funds become available to enact the change, and DDRS will conduct a budget impact analysis in an effort to accelerate the implementation. The MIG has offered support to OMPP regarding training and implementation costs when the implementation moves forward.

Next Steps

- 1) Work with executive leadership of DDRS to bring all division executive leadership to open discussion of collaborative partnerships and gain workgroup commitment.
- 2) Create long term standard report requests with OMPP regarding ongoing MBI data collection and reporting efforts.
- 3) Begin process of developing 1619(b) parameters and reporting.

Objective 2:

Improve outreach for M.E.D. works and other Medicaid and employment-related supports and incentives.

Strategies

Through the MIG Leadership Council Access to Healthcare workgroup, MIG dollars in 2011 will be used to create a resource guide for individuals with disabilities that clearly defines the available supports and work incentives in the state that individuals can access when attempting to return to work.

- 1) The resource guide will be written in concise and understandable language removing the social services jargon and acronyms that are often overwhelming to individuals who are entering into the social services system for the first time.
 - a) Create a pilot program that will focus on distributing the guide to transition age youth ages 16-24 and their caretakers in up to 3 Indiana counties.
 - a. Evaluate OMPP data for optimum pilot locations by choosing counties that have a demographic make-up that is representative of the Medicaid disability community in average percent of population, disability type, employment rate and earnings.
 - b. Utilize disability services offices at all local high schools and universities, and involve BIN liaisons, parent organizations and Vocational Rehabilitation Counselors in the pilot counties for distribution of the guide.
 - c. Collect and report outcomes for this target population regarding the following:
 1. Number working
 2. Average wages
 3. Average hours
 4. Number in M.E.D. Works
 5. Involvement with the Vocational Rehabilitation agency
 - b) Following pilot phase, distribute guide to disability services offices for high schools and institutions of higher learning around the state.
 - c) Target individuals who are entering into the disability system for the first time through the local disability determination offices and make available the resource guide and existing materials.
 - a. Contact SSA Region V, Area Work Incentives Coordinator (AWIC) for assistance in determining the most appropriate method to reach the targeted population.
 - b. Create an informational packet to mail to individuals who have begun receiving SSA benefits within the previous 6 months.
 1. Create distribution method for individuals who are just starting the disability determination process.
- 2) Place an electronic version of the guide on a variety of internet sites as determined appropriate for reaching individuals with disabilities and their caretakers including but not limited to, the Indiana Medicaid member's website, the Center on Community Living and Careers website at the Indiana Institute on Disability and Community (www.iidc.indiana.edu/cclc) and the state website (www.in.gov).
 - a) Determine additional options for distributing the resource guide throughout the state. Additional options for distribution could include:
 - a. Bureau of Developmental Disability Services (BDDS) offices
 - b. Division of Family Resource (DFR) county offices
 - c. Department of Workforce Development (DWD)
 - d. Providers and Advocacy groups
- 3) Create training information and resource material for the state's eligibility case workers regarding M.E.D. works and other work incentives that can impact Medicaid eligibility.
 - a) Training materials will be updated on at least a biannual basis and on an ad hoc basis when needed.
 - b) Present information on the value of M.E.D. Works to DFR leadership and regional managers, to encourage caseworkers making eligibility determinations for M.E.D. Works to distribute resource materials.
 - c) Work with DFR leadership throughout the state to promote general knowledge of M.E.D. works and the importance of other federal and state work incentives to caseworkers and individuals with disabilities applying for assistance; keep awareness high for this important program.
- 4) Present M.E.D. Works and other work incentives information to organizations around the state that have front line impact on consumers' knowledge of available work incentives.

- a) Create partnerships for collaborations with front line personnel who meet individuals with disabilities on a daily basis.
 - b) Support ongoing sustainable resource distribution through training and technical assistance partners when outreach, training and distribution of materials for work incentives are needed.
- 5) Outreach to parents and caregivers of individuals with disabilities regarding resources that are available to help individuals attain employment and vocational goals. This will be achieved through coordinated efforts with the Benefits Information Network (BIN) model focused on parents and caregivers.

Measures

Measure and evaluate the following data regarding the distribution and effectiveness of the resource guide in the focus group to establish baselines for success in larger distribution efforts.

- 1) Increase number of M.E.D. Works participants by 10% in target group (as will occur as Medicaid disability members migrate to M.E.D. Works program).
- 2) Increase number of Medicaid participants who are employed by 10%. Develop a baseline of current Medicaid recipients employed and compare data through 2015.
- 3) Increase number of individuals who attempt work as measured by current Medicaid baseline data of Medicaid members working and changes in the number of members working by 2015.
- 4) Increase average earnings by 25%.
- 5) Increase average number of hours worked by 20%.
- 6) Increase average number wage by 20%.
- 7) Utilize consumer focus groups and surveys to assess increased knowledge of work incentives, confidence in ability to work and work goals.

Achievability

The achievability of this strategy is adequate in the current environment. The health care support group is moving forward with the creation of the resource guide and has now completed the collection of the initial data set in order to create a target group. Outreach for education and collaboration is ongoing and will continue through 2011. MIG funding will support development and initial distribution of the resource guide. BIN liaisons will continue to utilize the resource guide after the end of MIG funding. Additional partnerships are needed to ensure that the resource guide will continue to reach the target audience in future years in the absence of MIG funding. The implementation phase will be utilized to show the value of the resource guide in increasing employment outcomes for individuals with disabilities.

Next Steps

- 1) Create long term standard reports request with OMPP regarding ongoing MBI data collection and reporting efforts. Begin process of developing 1619(b) parameters and reporting.
- 2) Identify pilot counties for resource guide and finalize content for resource guide.
- 3) Identify how the resource guide will be sustainable outside of MIG funding with partnerships that will be developed over the implementation period.

CONCLUSION

Indiana will continue to utilize MIG resources through the end of the grant funding period to continue to collect and provide meaningful outcomes data for healthcare programs for individuals with disabilities. Realizing there is still a great deal of uncertainty regarding how the Indiana MBI program may be affected or changed due to the federal healthcare legislation, it is necessary to demonstrate the importance of this important Medicaid program that provides the opportunity for individuals with disabilities to work without fear of losing the necessary medical coverage that enables them to continue employment.

Outreach and education for M.E.D. Works and other work incentives will continue through the BIN, the Parent Information Network and other Employment Services Providers. The relationships that are being established during the implementation phase of Focus Area 1 will further reinforce the continued education and outreach of all work incentives through a variety of venues.

DRAFT

CHAPTER FOUR:

ENGAGE BUSINESSES IN HIRING INDIVIDUALS WITH DISABILITIES BY SUPPORTING BUSINESS NEEDS

NEED

Businesses are often unaware of the value that employees with disabilities can bring to their workforce. Businesses seeking to add diversity to their corporate culture are often unaware of the services that are available through Vocational Rehabilitation Services (VRS) and the employment services provider agencies. Providers are beginning to collaborate to ensure that businesses have streamlined access to job seekers and the proper supports to ensure long-term success for both the individual and the business. Indiana must create a paradigm shift regarding the ability of individuals' with disabilities to seek successful, long-term, competitive employment by the business community, employment service provider agencies, case managers, state leaders, families and by the individuals themselves.

DESIRED OUTCOME

Businesses are able to overcome myths about workers with disabilities, and are able to access qualified candidates with disabilities for all types of jobs, in all areas of the state. The employment services provider community is equipped to collaborate with the business community and the state VRS agency to meet employers' needs as well as the needs of job seekers with disabilities. Through these collaborative efforts individuals with disabilities are able to secure quality employment outcomes that lead to self-sufficiency. The state of Indiana, including the business community, values the active recruitment and hiring of individuals with disabilities as a positive economic tool that benefits all Indiana citizens. Working partnerships between businesses and employment service providers are created, at both a local and state level, so that individuals with disabilities have access to employment and can retain and advance in jobs and move toward self-sufficiency.

BARRIERS

- Businesses lack knowledge of how to access qualified candidates with disabilities, and lack awareness of how to access available resources and supports to employ workers with disabilities.
- Businesses continue to experience stigma and myths surrounding recruitment and hiring of workers with disabilities.
- Providers are not adequately equipped to meet the needs of businesses in hiring, training, and keeping individuals with disabilities employed.
- Individuals with disabilities are often unable to access quality employment supports that will enable them to become self-sufficient.
- The current employment services delivery system in Indiana was developed on the basis of the traditional place and train model, and may not meet the needs of the dual customer approach (serving both the applicant with a disability and potential employers). A single point of entry (SPOC) coalition model is currently being encouraged under the MIG Corporate Development initiative. This SPOC model encourages providers to collaborate to meet the employee recruitment needs of businesses. Employment providers who are members of these coalitions have strongly encouraged a modification of the current Results-Based Funding (RBF) payment system to allow sharing of RBF milestone payments when consumers are placed through coalition efforts rather than through the efforts of a single provider.

OBJECTIVES AND STRATEGIES

Objective 1:

Establish a comprehensive statewide response system that meets the needs of businesses for long-term hiring of individuals with disabilities. Key partners involved in meeting this objective include VRS and Employment Service Provider agencies.

Strategies

- 1) Design a statewide SPOC system that directs businesses to the resources they need for employment. This will be a 3-tiered system that will include:
 - a) A 'First' SPOC to coordinate the business inquiries received through the Think Beyond The Label (TBTL) campaign and Corporate Development efforts, who will identify the business need and determine the appropriate method for meeting the business need including identification of a 'Ground Level' SPOC who will work with the business;
 - b) A 'Ground Level' SPOC who will work closely with the business and develop a lasting relationship. This SPOC will be responsible for communication with the local employment service providers to ensure the business is able to access all qualified candidates in the area; and,
 - c) The Coalition/Provider staff who will work closely with the 'Ground Level' SPOC on identifying candidates and providing job coaching. Appendix B [to be inserted at a later date] outlines this three-tiered system.
- 2) Create a resource guide for use by Indiana's 'First' SPOC, the Indiana VRS Corporate Development Unit (CDU) for business inquiries through the TBTL campaign and CDU efforts. The CDU SPOC will be able to use this resource guide to identify the best means of supporting the business. The resource guide will outline the provider partners, area of coverage, and menu of services provided. Once the CDU SPOC is able to identify the specific business need (recruitment, tax information, business peer support, training, etc.), the CDU will use the resource guide to identify what coalition or provider can best meet that need in the applicable area of the state and act as the 'Ground Level' SPOC.
- 3) Continue to explore other methodologies and best practices for meeting the business needs and improving employment outcomes.

Measures

Expand the number of provider employment coalitions across the state to a total of 5 self-sustaining coalitions by December 2011. Enhance and expand the member partnerships of the current coalitions to ensure a targeted employment focus to meet the business need. Enhancement will be measured by tracking the number of hires that result from CDU and coalition efforts, as well as average wages and hours worked. Baseline data for employment outcomes resulting from CDU initiatives in 2010 is 40 hires with average hourly wages of \$9.76 and average weekly hours worked of 33. Indiana would expect to achieve at least 60 hires in 2011, building up to 100 or more hires per year beginning in 2012. Average wages will continue to hover around \$10.00 per hour. Indiana has also set the goal of expanding the number of providers participating in coalitions by 2011 (baseline measures will be established by December 2010). A resource guide will be completed in partnership with VRS and the provider agencies by December 2010 and will be updated annually or as needed.

Achievability

The current environment is not yet adequate to achieve a sustainable infrastructure for a statewide response system. Movement toward an employment approach that focuses on meeting the business need as well as the need of the individual is a major paradigm shift for the employer service provider network. While CDU efforts have laid much of the groundwork, much work remains to be done to ensure a statewide approach to responding to the needs of Indiana businesses.

Next Steps

A survey was conducted in the spring of 2010 to gather data from all VRS employment service providers, including geographic areas covered and menu of services, and a resource guide is in the process of being finalized. The MIG Leadership Council workgroup for TBTL has outlined a three-tiered SPOC system as well as expectations of the SPOCs. Procedures to ensure accountability for each of the three SPOC tiers will be developed. Additionally, an electronic tracking system will be developed to ensure proper tracking of employment outcomes, wages, hours worked, and other pertinent data.

Objective 2:

Enhance employment service provider skills to adequately access and meet the needs of businesses in order to build and maintain long term, successful business relationships and hiring of workers with disabilities.

Strategies

- 1) Capitalize on current coalition efforts and form a taskforce with provider coalition members to identify the necessary skill set for job developers.
- 2) Utilize MIG dollars in 2011 to provide intensive, focused training to select job development staff to ensure efforts are focused on the business need.
- 3) Collaborate with VRS to provide follow up technical assistance and training to ensure the integrity of CDU efforts and provide guidance as new challenges arise.
- 4) Collaborate with existing provider coalitions, INAPSE-the Network on Employment, the Indiana Association of Rehabilitation Facilities (INARF), and VRS to obtain the necessary buy-in for statewide systems change regarding the employment delivery system.

Measures

Effectiveness of the coalition efforts and the efforts of the job developers will be measured by the number and quality of employment outcomes resulting from this initiative. Employment outcomes through coalition efforts will exceed average wages and hours worked of traditional provider placements (baseline equals average wages of \$214 per week and average hours worked of 25 per week).

Achievability

The current environment in Indiana is adequate to provide the necessary resources and ensure buy-in of high-level leadership to accomplish this objective. The task force members are committed to reaching the outcomes set forth in this objective.

Next Steps

A task force has been developed to guide this objective. The goals of the taskforce include: identifying and documenting start-up procedures for coalition development, identifying necessary skills and attributes of the ground level SPOC, identifying training needs, evaluating the current VR service delivery system for job placement (Results Based Funding-RBF) and identifying necessary modifications. The task force will accomplish these tasks by September 2011. BRS will work in conjunction with providers to identify 10-15 job developers who are already employed within the VR provider agencies. These job developers will be provided with training and ongoing mentoring to enhance their skills. They will then serve as the ground level SPOC's in each area of the state.

Objective 3:

Integrate with existing employment resources to increase ease of access for businesses seeking employees with disabilities. This includes partnership and collaboration with entities that have a common goal of improving employment outcomes for individuals with disabilities. Efforts will revitalize Indiana's 'Employment First' initiative.

Strategies

- 1) Partner with the Indiana Department of Workforce Development (DWD) to enhance the DWD state job bank, Indiana Career Connect (ICC), to increase the ability to match qualified candidates with businesses in a timely manner.
- 2) Continue to expand Project SEARCH in Indiana in partnership with VRS and local school corporations, to continue changing the workplace culture toward employing workers with disabilities and reduced recruitment costs for businesses.
- 3) Develop a partnership with college and university placement offices to obtain better access to a pool of candidates with disabilities who hold degrees or certifications.
- 4) Continue to enhance the CDU including partnerships with employment service provider agencies to expand job opportunities available to consumers.

Measures

A web-based job bank will be implemented and ready for use by consumers, providers, VRS, and business partners by July 2011. Project SEARCH will expand to 12 active sites by December 2011 with at least 100 individuals with disabilities participating in internships each year. CDU efforts will result in a minimum of 50 business partners by December 2011.

Achievability

Adequate-MIG efforts have resulted in positive working relationships with several partners in order to leverage resources. The implementation and expansion of Project SEARCH has already resulted in promising outcomes regarding both employment outcomes and the change in business culture as experienced in the 9 sites that have been fully implemented.

Next Steps

DWD is beginning efforts to increase accessibility of the state job bank. Project SEARCH expansion efforts are continuing with a goal of 12 active sites by December 2011. Indiana will begin engaging in discussions with college and university placement offices regarding job placement efforts for students with disabilities by July 2011 and begin identifying job applicants by January 2012. CDU efforts will continue to recruit business partners and identify job openings through the VR CDU team. The newly trained job developers from provider agencies will also assist in CDU efforts.

Objective 3

Expand the Indiana Business Leadership Network (BLN) to 10 sustainable BLN sites statewide.

Strategies

- 1) Engage the Society of Human Resource Managers (SHRM) to become the umbrella agency for local BLN's as a major step toward sustainability of the statewide BLN. Develop a working strategy for how to transition leadership to SHRM by the end of 2011. To obtain maximum buy-in from SHRM, continue to engage SHRM members at local BLN events and presenting at SHRM events such as the SHRM job readiness task force meetings.
- 2) Continue marketing efforts to recruit new BLN business members and gain interest for new start-up BLN's in areas of the state that do not currently have a site. Use success stories as a recruiting tool.
- 3) Collaborate with the CDU and local coalitions to recruit businesses and improve employment outcomes.

Measures

Indiana will have 10 BLN sites statewide by December 2011 with involvement from a total of 50 or more business members.

Achievability

Not yet Adequate-Indiana BLN sites continue to experience challenges in recruiting and maintaining business membership. Some sites may not be self-sustaining after MIG funding ends. Other BLN sites have already achieved the goal of autonomy and these sites will continue to play the role of mentor to newly established sites.

Next Steps

Indiana has begun discussions with SHRM and will continue efforts to engage SHRM to take on a leadership role for the Indiana BLN's in an effort to sustain each site. BLN representatives will present at a 2010 statewide SHRM meeting and share success stories. Indiana will also continue to identify initiatives that would benefit from collaboration between CDU and the BLN's. Such collaborative efforts include recruitment of businesses and identification of job openings.

Objective 4:

Outreach and marketing to businesses to encourage them to take action regarding recruitment and hiring of individuals with disabilities

Strategies

- 1) Create a statewide marketing plan in conjunction with TBTL and CDU efforts. Capitalize on the national campaign by conducting statewide campaign activities including local TV spots, brochures, newsletters, etc. Outreach efforts will include success stories from the business perspective as well as myth busting language.
- 2) Collaborate with the Indiana BLN in providing peer-to-peer consultation for businesses. Businesses who have limited experience in hiring workers with disabilities will be provided with a forum for discussing with peers who have had successful experiences.

Measures

Secure 50 business partnerships by December 2011 with at least 75% of businesses sharing regular job openings. Business partners will report a satisfaction with the CDU and coalition hiring process at 85% or higher.

Achievability

Adequate-Indiana has experienced successful relationships with a number of business partners and will capitalize on these successes to build additional partnerships.

Next Steps

Indiana will continue to conduct statewide marketing in conjunction with the TBTL campaign. Indiana conducted a state campaign in June 2010 and is currently evaluating the effectiveness of the media outlets used for that campaign. Indiana will conduct an additional TBTL statewide campaign beginning in November 2010. Additionally, the CDU is finalizing marketing materials to be provided to businesses to outline the services that the CDU can offer to assist businesses in meeting their hiring needs. Indiana will continue to gather success stories from a business standpoint to strengthen marketing efforts.

CONCLUSION

The objectives and strategies described under focus area 2 will result in increased employment outcomes, and therefore increased revenue through SSA cost reimbursement for VR, increased TTW reimbursement to VR and provider agencies who are EN's, and increased revenue to providers through the VRS Results Based Funding (RBF) system. This increased revenue should result in a self-sustaining, alternative and effective model for placing individuals with disabilities in employment. VRS is considering a modification of the RBF, outcome-based payment structure for job placement and employment services, to better align the payment structure with coalition employment efforts. VRS is committed to corporate development as a best practice approach to improve the quantity and quality of employment outcomes and is

using this strategy to meet and exceed federal performance indicators. VRS has invested resources to these efforts and is committed to working with partners to ensure continuation of corporate development outreach as a tool to enhance employment outcomes.

DRAFT

CHAPTER FIVE:

DEVELOP AND ENHANCE THE WORK INCENTIVES PLANNING INFRASTRUCTURE INCLUDING FINANCIAL LITERACY AND ASSET DEVELOPMENT

NEED

Although there are various work incentive provisions within the federal and state benefit programs that allow individuals to receive benefits yet achieve employment, these provisions are extremely complex. Understanding federal and state benefit programs can be a daunting task for individuals with disabilities as well as family members, advocates and providers who support individuals with disabilities. When used effectively, work incentive provisions help individuals reduce their reliance on public assistance and move toward self-sufficiency. Indiana seeks to create a system of supports that not only enhances capacity building for the Work Incentives Planning and Assistance (WIPA) programs funded through Social Security, but also supports beneficiaries to move through a continuum of benefits literacy, work incentive management, financial literacy and asset development so that workers with disabilities have the resources they need to strive for self-sufficiency and break the cycle of poverty.

DESIRED OUTCOME

Individuals with disabilities will have equal access to the American Dream and freedom to make informed choices about the opportunities available to them to work to fullest potential and maximize their income. Federal and state benefits, while necessary, are viewed as safety nets, rather than a permanent source of income or financial support. All individuals with disabilities who are employed or seeking employment will have access to information about federal and state benefit programs, financial literacy resources and asset building programs to guide them in making informed decisions about employment, benefits and their finances. Indiana will have a sustainable system of work incentives planning and financial stability supports for individuals with disabilities. This system will focus on guiding individuals and those who support them through employment, benefits literacy, financial literacy, and social, physical, financial and human capital asset development. These supports will enable individuals to move toward and beyond self-sufficiency.

BARRIERS

- Although Indiana has one of the strongest WIPA programs in the nation, a high number of beneficiaries are not accessing work incentives supports and working toward self-sufficiency.
- The WIPA programs are limited in funding and the state needs to continue to build capacity for a sustainable work incentive support system that enhances the WIPA services.
- Frequently beneficiaries, professionals (teachers, case managers, VR Counselors, benefit eligibility workers, and employment service providers) and family members predominately view benefits as the only means for financial support. There continues to be a lack of information about work incentives available for transition aged youth and adults with disabilities. Paradigms must shift from permanent dependence on public benefit programs toward using federal and state benefits as a temporary means of support while individuals strive toward self-sufficiency, based on their abilities.
- Many individuals with disabilities who are working remain in poverty and are unbanked, or have limited access to financial services and available asset development/savings programs. According to a survey conducted in 2010 by the Indiana Institute on Disability and Community, there is a lack of awareness on the part of the disability community about asset development and financial stability programs for individuals with disabilities, and therefore, there is a lack of connection on the part of disability providers and advocates with the financial stability organizations. Fifty-nine percent of the organizations responding to the survey indicate there is no connection to financial stability, although there is an increase in the awareness and participation in work incentive supports.
- Financial stability organizations are not aware of to the array of services available for individuals with disabilities, and therefore are not making connections for the support services offered by disability employment service

providers. Of all of the financial stability organizations that are operating in Indiana, 100% indicate they do not have a curriculum or training program that has been adapted to be accessible for individuals with disabilities, advocates and professionals supporting them or family members. There is a high level of interest, as (80%) of the financial stability organizations surveyed would like to incorporate services and activities for individuals with disabilities.

OBJECTIVES AND STRATEGIES

Objective 1:

Individuals receiving federal and state benefits will have an increase in earnings at or above the Substantial Gainful Activity (SGA) levels. In addition to reaching SGA, a number of individuals who are achieving SGA level of earnings will meet Indiana's self-sufficiency standards for the respective counties in which they live.⁴

Strategies

- 1) Compare baseline data of level of earnings and SGA outcomes of 2009 and 2010 to earnings levels in future years through 2015. Baseline data will be gathered from Social Security and Vocational Rehabilitation.
- 2) Continue to train providers on SGA outcome expectations and set a standard for higher levels of earnings when supporting individuals in employment. This will be obtained through more involvement in Project SEARCH, Corporate Development Unit Initiatives, an increase in provider involvement in the Ticket to Work outcomes, and on the job training opportunities for beneficiaries with support through the regional workforce operator system.

Measures

Compare baseline data of individuals achieving SGA level of earnings in 2010 to those achieving SGA each subsequent year.

- a) By 2015, there will be a 20% increase in the number of working beneficiaries achieving at or above SGA level of earnings.
- b) At least 10% of these beneficiaries will also increase earnings levels to meet Indiana's self-sufficiency standards for the locality in which they reside.

Achievability

In the current environment this objective is not yet adequate. Indiana needs more outreach and formal expectations developed on TTW participation and outcomes of Employment Networks and providers, as well as expectations for striving for SGA level of earnings of program participants.

Next Steps

Ticket to Work Group and VRS to determine benchmarks to achieve on SGA levels of earnings and implement strategies outlined above.

Objective 2:

Providers of employment services, VR counselors, and Employment Networks will have knowledge of federal and state work incentives. Participation in the BIN will be the standard for all employment service providers doing business with

⁴ The Indiana Self Sufficiency Standard calculates how much money working adults need to meet their basic needs without subsidies of any kind. It accounts for varying costs of living and working by family size and composition and by where these families reside in Indiana. By using the information in the Standard, we can learn more about what wages are adequate to pay for basic living costs such as housing, child care, food, transportation, health care, and taxes. The 2009 Self-Sufficiency Standard for Indiana is the fourth edition released by the Indiana Coalition on Housing and Homeless Issues (ICHHI). Previous editions were published in 1999, 2002 and 2005. ICHHI has worked with the University of Washington and an organization called Wider Opportunities for Women (WOW) and the Indiana Community Action Association to produce the Standard for Indiana. Indiana Institute for Working Families, ICHHI provides the Indiana Standard which is available online at www.ichhi.org.

Vocational Rehabilitation. Annually, there will be at least 200 Liaisons who are members of the BIN who are knowledgeable about work incentives and the Ticket to Work.

- 1) Maintain efforts for sustaining the BIN, with three tiers of expertise: Tier I (basic conversational knowledge); Tier II (advanced knowledge); Tier III (expert knowledge and nationally certified as community partners under the Community Work Incentive Coordinator (CWIC) certification program through the WIPA National Training Center).
- 2) The BIN training and quality assurance is sustainable without MIG funding by developing a system of training and technical assistance that is fully funded by the agencies participating in the BIN Network.
- 3) Provider agencies and Employment Networks will have in-house experts on Ticket to Work and work incentives to promote assignments of beneficiaries' Tickets and promote achievement of Ticket to Work milestone and outcome payments.

Strategies

- 1) Continue with the BIN initiative for systems change. Continue with face-to-face trainings and expand training opportunities with webinars and web courses.
- 2) Create opportunities for agencies to develop a model for in-house experts who are well trained on work incentives and the Ticket to Work program administration to enhance TTW and Substantial Gainful Activity Outcomes by 2012. Explore and provide opportunities for diversifying funding sources for benefits counseling to beneficiaries beyond the current Vocational Rehabilitation fee for services, including private fee for service and private pay options.

Measures

By 2015, 100% of Indiana's employment service providers will have a trained BIN Liaison. Indiana will have at least 30 percent of BIN Liaisons qualified to provide services at the Tier II level and will have at least 10 community partners certified as CWICs by 2015 (Tier III level) through achieving certification, through the WIPA National Training Center (Tier III level of expertise). The remaining 60 percent will be new Tier I trainees with quality review and technical support.

Achievability

The resources and partnerships for this objective are adequate to its achievability. Indiana has a well-developed BIN project that is working toward sustainability under MIG funding.

Next Steps

Continue with BIN trainings, and move toward a hybrid model of trainings through face-to-face in combination with web-based training. Continue to promote liaisons through tiers of expertise based on their level of increased expertise and knowledge of federal and state benefit programs.

Objective 3

Increase participation of the number of individuals with disabilities their family members and disability organizations in financial stability initiatives and asset development programs including the use of Individual Development Accounts (IDA's) and other asset development strategies designed to enable individuals to expand and maintain self-sufficiency. The MIG in collaboration with the Indiana Housing and Community Development Authority (IHCDA) which is the state's Assets for Independence (AFI) grantee and its' sub grantees will work to increase the number of financial stability coalitions in communities where none exist. Additional training and technical assistance is available through Virginia Commonwealth University and the Center for Working Families Project which has created a Support for Individuals with Disabilities Pilot Implementation Plan for Indiana.

Strategies

- 1) The MIG Project and the IHCDA/AFI grantee will assess the extent to which individuals with disabilities are currently accessing financial education training and using asset development programs. From this information, the focus will be to identify gaps in service provision and develop and/or provide education and training to address the identified gaps. As needed, the Project will provide curriculum modifications, accommodations, and

supplemental training materials that are accessible to individuals with disabilities. Curriculum, training materials, and learning opportunities will be developed and used by both financial stability coalitions and disability organizations with at least four training opportunities annually.

- 2) Indiana will develop a centralized hub to access financial literacy resources. The Project will develop and disseminate education and training materials and conduct webinars and regional trainings with participating agencies and organizations to increase ways in which they can “assist” individuals with disabilities, their families with basic asset development and financial stability information. Resources and training will include basic information on financial literacy and asset development opportunities such as IDA’s and how to access these; and, how financial literacy and asset development opportunities will enhance achieving self-sufficiency goals. At least four training opportunities will occur annually through 2015.
- 3) Support communities with existing financial stability coalitions to provide services to individuals with disabilities. Also, support the development of financial stability coalitions in communities where none exist. Being aware that most individuals with disabilities are also recipients of cash benefits through Social Security or other federal and state benefits, the project will also facilitate collaboration between Asset Building organizations, Financial Stability Coalitions and the WIPA projects. Work Incentive Seminars (WISE events) will be offered in a hybrid model to include information about financial stability.
- 4) The Project and the ICHDA/AFI grantee will identify and solicit additional community based partners that strengthen the regional coalition and provide services to individuals with disabilities pursuing home ownership, post-secondary education, and small business program goals. Develop an education and training model for supportive housing providers serving individuals with disabilities to understand housing work incentives and other federal and state benefits encourage wrap-around services for individuals with disabilities that include work incentives, self-sufficiency and asset development.
- 5) Collaborate with the ICHDA/AFI grant and the technical assistance through Virginia Commonwealth University’s Center for Working Families Initiative to develop resources for accessible financial stability services and supports for individuals with disabilities.

Measures

Current baseline data indicates that there is limited or no involvement in accessible resources for individuals with disabilities in accessing financial stability products and services.

- 1) By 2015, 60% of disability organizations/service provider agencies will have active involvement with local financial stability coalitions. A needs assessment will be conducted through 2011 to understand the services, supports and technical assistance needs of financial stability coalitions in providing services to individuals with disabilities. By 2015, 90 percent of the existing financial stability coalitions will have accessible services, supports and access to resources for individuals with disabilities.
- 2) At least 5% of individuals with disabilities will have access to and participation in Individual Development Accounts for savings and asset development to reach goals in purchasing a home, business capitalization or paying for education expenses.

Achievability

While Indiana is just beginning the Financial Stability Pilot and Implementation Plan with the technical assistance of Virginia Commonwealth University, this project was designed to be self-sustaining and is adequate for achievability without MIG funding once existing coalitions are engaged with the disability communities.

Next Steps

Continue collaboration with VCU’s technical assistance and ICHDA/AFI grantee’s Support for Individuals with Disabilities Pilot Implementation Plan developed for Indiana.

Objective 4

Transition aged youth will have access to work incentives and employment. Increase the involvement of students participating in work incentive supports and financial literacy education. Foster an employment first model through educating the mainstream systems and those that are involved in supporting youth with disabilities.

Strategies

- 1) Develop a network for parents and families to support youth in transition and their families. Collaborate with parent and family networks, including the ARC of Indiana to assist in the provision of training and education to family mentors.
- 2) Package and provide resource materials for students and their families to distribute early, beginning with freshman and sophomore transition conferences. Materials will include stories of success, work incentive information and resources and financial literacy/asset development resources.
- 3) Provide resources to school personnel on local supports available for students for benefits information, work incentives, asset development and financial literacy.

Measures

A network (Family Benefit Information Mentors) will be developed by 2012 with statewide support to families and parents of youth in transition. Resources and training materials will be developed for use in school transition programs, case conferences, transition fairs, that support working after high school and using financial stability programs to promote self sufficiency. Eighty percent of students and their families will indicate satisfaction with mentor services and the resources developed.

Achievability

Indiana has not yet achieved an adequate status for this objective to move forward. Although dialogue has occurred with family advocacy groups, Waiver Case Managers and secondary education transition programs, a formal plan still needs to be developed with these stakeholders.

Next Steps

Convene family advocacy groups, secondary education transition programs, case management providers and employment providers for structured planning on work incentive and financial literacy supports for individuals with disabilities.

CONCLUSION

When the BIN was established in Indiana, the MIG was covering the costs of training, technical assistance, and quality assurance. Indiana has been working for the past two years to ensure sustainability of the BIN. The BIN has been a successful program for several years and providers have seen the value of having a certified BIN Liaison on their staff. Therefore, providers see the value in paying a training fee to ensure that they maintain at least one certified BIN Liaison on staff. VRS has established a fee for service payment for each consumer receiving BIN services which funds all direct services provided under the BIN. Because of the graduated Tiers of expertise, the BIN Liaisons are able to increase their services with less intensity of ongoing quality review and technical assistance, thereby reducing the costs associated with ongoing quality assurance. A similar model is being created for families to provide mentoring and support among family members of individuals with disabilities.

Indiana also has confidence that financial literacy and asset development initiatives will be sustainable. At the onset of the project, the MIG asset development workgroup tapped into existing resources (the ICHDA/AFI grant and the Support for Individuals with Disabilities Pilot through Virginia Commonwealth University) to ensure that a system could be created to provide avenues for individuals with disabilities to access financial stability resources. Key partners including the IRS, the IHODA, United Way, and existing financial stability coalitions already providing asset building services were

solicited as collaborative partners on this project. MIG funding has been used to increase awareness and provide cross training between the financial stability resources and the disability community at large. By bringing together various entities, the asset building and financial education resources in Indiana can be enhanced to be inclusive of serving individuals with disabilities. Ongoing sustainability will be achieved by continued collaboration between existing resources.

DRAFT

CHAPTER SIX:

IMPROVE SUPPORTED EMPLOYMENT SERVICES SO THAT INDIVIDUALS CAN ACQUIRE, KEEP AND ADVANCE IN EMPLOYMENT

NEED

Individuals with disabilities are able to achieve gainful, competitive employment, but sometimes need additional supports to accomplish successful employment. Supported employment principles encompass the belief that all individuals regardless of nature or extent of disability should have the opportunity and support to work in the community at competitive wages. However these supports are not always available for all individuals or are not available at sufficient levels. All individuals will have access to the supports needed to achieve long-term, competitive employment success.

DESIRED OUTCOME

Individuals with disabilities will have the necessary supports to successfully obtain and maintain integrated employment and are supported in achieving substantial levels of earnings. All individuals with disabilities will have access to the supports they need in order to pursue competitive employment. Indiana Employment Networks (ENs) will actively conduct outreach to beneficiaries who have a Ticket to Work (TTW) and utilize Ticket reimbursement payments to enhance follow-along supports that enable individuals with disabilities to maintain and advance in integrated employment.

BARRIERS

- Expectations for what individuals with disabilities can accomplish regarding employment are often too low.
- Follow-along services are inadequate to assist individuals in maintaining and advancing in employment, especially for certain populations (individuals with traumatic brain injury and psychiatric disabilities).
- Ticket to Work is underutilized, and outreach to Ticket holders must be enhanced.

OBJECTIVES AND STRATEGIES

Objective 1:

Utilize the TTW program to increase Substantial Gainful Activity outcomes that lead to TTW outcome payments.

Strategies

- 1) Organize work group of high level stakeholders to examine barriers and potential opportunities to successful TTW outcomes in Indiana. This workgroup is already in process and is planning strategies for systems improvements to increase Ticket participation.
- 2) Sponsor a statewide Choose Work event through SSA to educate current and potential ENs in Indiana. The Choose Work event occurred in July 2010. Follow-up informational sessions and webinars will be conducted to continue with outreach and momentum created through the event.
- 3) Create an environmental analysis of the current state of the TTW program in Indiana and develop a work plan to achieve desired future state of program. Compile baseline data from 2009 and measure the results of ongoing efforts through 2015.

- 4) Work in partnership with other state and national entities to reach out and educate consumers with Tickets on benefits of Ticket utilization and resources available.

Measures

- 1.) By 2011 the number of Indiana ENs will increase by 25% and the number of Tickets assigned will increase by 20%.
- 2.) By 2015, the number of ENs achieving TTW Phase 1 milestones will increase by 40%; Phase 2 TTW milestones will increase by 30%; and, Outcome phase will increase 20% compared to 2009.

Achievability

In the current environment this objective is adequate to achieve. A work group comprised of VRS, provider agencies, EN's, WIPA, SSA, and IIDC is established and a statewide Choose Work Event occurred. Data is collected and education and outreach for providers and consumers is in process.

Next Steps

Develop baseline data. Ticket to Work workgroup will develop a formal work plan by December 2011.

Objective 2

Improve provider performance by establishing benchmarks to increase outcomes (number of individuals employed, hours worked per week, wages and benefits received). VRS in collaboration with IIDC and provider agencies will lead the efforts outlined in the strategies below.

Strategies

- 1) Develop comparison data for each provider compared to RSA indicators. Obtain performance indicator data for comparison, such as attendance in college, participation in Results-Based Funding (RBF), and other projects, including Project SEARCH and Corporate Development.
- 2) Participate in National APSE Certification pilot for Employment Specialist Training/certification.
- 3) Develop hybrid model of on-line and face-to-face Employment Specialist Training program in Indiana.

Measures

- 1) Up to 50 individuals will have participated in ASPE certification pilot by 2011. These efforts will result in Indiana VRS meeting or exceeding all RSA federal performance indicators by 2015.
- 2) Hybrid Employment Specialist Training is developed by November 2011 and piloted with up to 10 participants for feedback.

Achievability

This strategy does not yet have adequate data and necessary commitments to achieve this objective. Data must be collected to establish a baseline, and a pilot agreement must be in place. The MIG, VRS, and IIDC are making strides to accomplish both tasks. Funds are available to support this initiative, and strong collaboration is present among partners.

Next Steps

- 1) Additional support for data collection and planning meetings must be ongoing. A formal work plan must be developed.
- 2) VRS and training entities (IIDC and Indiana Supported Employment Training Team) will collaborate to develop a training plan.

Objective 3

Revitalize 'Employment First' in Indiana to assist individuals with disabilities in achieving competitive employment.

Strategies

- 1) DDRS, which houses both VRS and BDDS, will conduct a demonstration project in up to four areas of the state to move individuals with developmental disabilities from segregated settings to competitive employment. DDRS will evaluate a redistribution of resources within the division to support more individuals in competitive employment settings.
- 2) DDRS is implementing training and procedural changes to ensure that case managers are supporting the Employment First initiative by engaging all consumers in pursuit of employment in integrated settings. Case Managers will be directed to plan for employment as the preferred outcome for all individuals, and ensure that the necessary wrap-around services are available to support individuals' in their primary goal of obtaining, maintaining, and advancing in employment.
- 3) Capitalize on Corporate Development initiatives to increase job opportunities for consumers with the most significant disabilities.
- 4) A DDRS Employment Task Force will convene to provide guidance and evaluation of the Employment First DDRS demonstration project. This task force will be comprised of high level leadership from DDRS, BDDS, VRS, Employment and Day Services Providers, INARF, and the ARC of Indiana.
- 5) VRS will consider implementation of specialty caseloads for VR Counselors to serve individuals with the most significant disabilities who require long-term supports. A focus of these VR Counselors will be to build strong relationships between VRS and BDDS.
- 6) Training will be provided to ensure that Employment Services Provider staff are able to provide quality job development and job coaching services, including development of natural supports on the job site.

Measures

DDRS will evaluate the effectiveness of the Employment First demonstration project by tracking, at a minimum, the following:

- 1) The number of consumers involved in the demonstration who move from segregated to integrated settings. Baseline data will be established upon completion of the demonstration with the goal of moving at least 20% of consumers in segregated settings to competitive employment by 2015.
- 2) The percent of consumers in the demonstration who achieve employment wages at \$720 per month (SSA Trial Work Period level). Baseline data will be established upon completion of the demonstration with the goal of increasing the number of BDDS consumers achieving TWP level of earnings by at least 10% by 2015.
- 3) The percent of consumers in the demonstration who receive pre-vocational and sheltered employment services, who apply for VRS services. Baseline data will be collected within six months of implementation of the demonstration and a measurable outcome will be determined at that time.
- 4) The percent increase in the number of successful closures for consumers with developmental disabilities who receive supported employment services through VR. Baseline data will be established upon completion of the demonstration with the goal of at least a 10% increase in the number of consumers with developmental disabilities securing employment by 2015.

Achievability

Indiana is just beginning this initiative so while is Not Yet Adequate planning actions are underway. The Employment First demonstration project is a brand new initiative and the implementation plan is still in development. Data must be collected to establish a baseline in order to measure the effectiveness of the demonstration. The demonstration project will cover a 12 month period at minimum. Additional VRS staff will need to be hired and trained in order to ensure capacity to serve the increased VR caseloads resulting from this demonstration. Additionally, training to Employment and Day Services staff must be completed to ensure that providers have the necessary skills to work with this population.

Next steps

- 1) A detailed implementation plan for the demonstration project will be finalized by December 2010, including project timelines.
- 2) DDRS will conduct community meetings to engage community partners in support of the demonstration project. These meetings will begin to take place in November 2010.
- 3) Baseline data will be collected for each measurement by December 2011 or within 60 days upon completion of the demonstration project.
- 4) VRS will explore the benefits and feasibility of implementing specialty caseloads for individuals with developmental disabilities who require long-term supports and will finalize a job description for these VR Counselors by December 2010.
- 5) The Advisory Group will convene quarterly or as needed to finalize the implementation plan, evaluate current systems, and analyze the outcomes of the demonstration project to determine necessary modifications to the existing state systems (including VRS, BDDS, and the provider network).

Objective 4:

Increase the knowledge of long-term funding mechanisms for employment providers and consumers, (e.g., Supported Employment Follow-Along (SEFA), Ticket to Work, and Work Incentives) to support individuals to keep and advance in employment.

Strategies

- 1) Develop flow chart that outlines the steps for utilizing the Ticket process, using as a starting point, CESSI's flow chart for the Vocational Rehabilitation process. Distribute to all employment providers.
- 2) Provide training to VRS and employment providers on the process of "How to Transfer Ticket and Choosing an Employment Network." Develop a detailed work plan with VRS and distribute to all employment providers and VRS counselors.
- 3) Educate case managers, BDDS and Division of Mental Health and Addiction (DMHA) staff around employment services, Ticket to Work, and funding for long-term supports to maintain and increase employment. Develop a specific work plan with VRS.
- 4) Increase knowledge of employment services and funding sources to all consumers. Develop a resource guide for all funding sources ensuring accessibility for all potential groups.

Measures

Outcomes will contribute to successful employment and will coincide with measures achieved under the other focus areas. Data will be collected on training mechanisms and resources. Modifications will be made based on assessment recommendations.

Achievability

Adequate—Materials must be developed. Indiana has the resources to develop materials and distribute these through various mechanisms.

Next Steps

Develop materials and various training modalities. Distribute to all stakeholders.

CONCLUSION

The TTW objectives and strategies described under Focus Area 4 will result in increased employment outcomes, and therefore increased revenue through SSA cost reimbursement for VR, increased TTW reimbursement to VR and provider agencies who are employment networks, and increased revenue to providers through the VRS Results Based Funding system. The Employment First Initiative is led by DRS and is in line with the DRS priorities to move individuals into competitive employment to work at their maximum capability. Indiana has engaged in Employment First efforts in prior years, but currently has stronger buy-in from high level state leadership than in past attempts. BDDS and VRS will collaborate on the Employment First demonstration project and will be able to offer lessons learned to other state divisions, such as DMHA on engaging in Employment First efforts for all consumers with disabilities.

DRAFT

CHAPTER SEVEN:

THE PROCESS: DEVELOPING INDIANA'S STRATEGIC PLAN

INTRODUCTION

Though these efforts have produced systems change and have led to improvements in Indiana's employment and training system, Indiana realizes that many of the aforementioned MIG efforts must focus on sustainability and long-term outcomes. Preliminary strategic planning began in 2008 and included surveying stakeholders, conducting an environmental scan and resource mapping, and developing a high level systems map of all state and federally funded services and supports that individuals with disabilities may receive. Strategic planning continued throughout 2009 by updating the high-level systems map and compiling recommendations from various stakeholder groups.

Throughout the MIG funding period, Indiana has sought input and direction from stakeholders. Formerly, the MIG assembled an Employment Leadership Group who were kept abreast of the MIG efforts and provided input on the MIG activities. In preparing for strategic planning that would lead to sustainable systems change, the MIG sought to more actively engage key stakeholders, advocates, individuals with disabilities and state leaders to drive the planning process and help to develop the plan. To meet this objective a Leadership Council was developed, and was led by the MIG Director, the MIG Grant Manager, and the Office of Medicaid Policy and Planning (OMPP) Liaison to the MIG project. Based on the results of the resource mapping, the high level systems map, surveys and stakeholder input, the Leadership Council developed 4 main areas for Comprehensive Employment Systems change. Additionally, Leadership Council members serve on strategic steering committees and workgroups to lead the priorities for infrastructure change in 2010 and beyond. The Leadership Council will continue to guide the goals and objectives of the strategic plan as Indiana moves into implementation of the plan. A list of the Leadership Council Members and the MIG Project Team and their contributions and involvement in strategic planning is provided in Appendix C. The strategic planning process is described in further detail below.

STEP ONE

To understand the state system of employment training and services for individuals with disabilities, the first step in the process was to ask, 'What are the state level resources for individuals with disabilities that help them access and keep employment?' A framework was developed to document the services and supports that help individuals progress toward competitive employment. After those services and supports were identified, the MIG constructed a high-level systems map of each of the state and federal agencies that interface with individuals with disabilities who are seeking or involved in employment and community living. This map and narrative for the map provided in Appendices D and E were developed in 2008 and updated in 2009 and 2010, grouped services and supports into the following areas:

- Employment and Training Programs (entities that support job acquisition, placement and training);
- Employment-Related Services and Community Supports;
- Health-Related Disability and Employment Supports; and,
- Other Programs Connected to Individuals with Disabilities and Employment Supports.

The systems mapping also gathered data about state programs, state-level leaders, projects, initiatives and how services are funded. With this information, the MIG identified key stakeholders and leaders throughout the various programs and services, and was able to identify the various task forces, work groups, committees and other activities that were underway in addressing system improvements.

STEP TWO

Once an understanding of the state system was mapped and stakeholders were identified, the MIG acquired feedback from key stakeholders and other constituents, including individuals with disabilities and their family members on how employment services, supports and training could be performed more effectively. A series of interviews with high level leaders, focus groups with stakeholders, advocates, business community members, as well as surveys of stakeholders

and individuals with disabilities were conducted. Participants provided information on progress of systems as well as gaps and barriers. Appendix F provides a summary of survey findings from 2008.

STEP THREE

Data was compiled and presented to the MIG Leadership Council for further exploration. The Leadership Council, with facilitation by the National Consortium on Health Systems Development (NCHSD) and the Indiana Institute on Disability and Community (IIDC), further delineated the strengths, gaps and barriers, and developed four concrete focus areas for state systems change regarding improved employment, economic and self-sufficiency outcomes for Indiana citizens with disabilities.

A summary of the strengths identified by the Leadership Council and the MIG project team include:

- A successful Medicaid Buy-In program for working individuals with disabilities resulting in increased employment and self-sufficiency outcomes. Indiana has one of the largest Buy-in programs in the nation, and provides Medicaid coverage for individuals with higher levels of earnings and allows for asset development for retirement and self-sufficiency goals.
- Effective collaboration among state agencies, including OMPP, DDRS VRS, BDDS DMHA, DFR and DWD in achieving Comprehensive Employment System goals;
- State agency leaders, employment service provider agencies, individuals with disabilities, advocates and businesses are providing guidance and feedback on the strategic planning process, activities and initiatives;
- A state-wide infrastructure to build capacity for benefits planning among employment service providers, ensuring quality mechanisms are in place for the program. Collaboration exists between VRS, provider agencies, Social Security, WIPA and other state and federal benefits systems;
- Active participation in training and receipt of technical assistance through the NCHSD and other partners, including Indiana's training and technical assistance entities (such as the IIDC at Indiana University and the Supported Employment Consultation and Training Center);
- Statewide implementation and ongoing expansion of Project SEARCH, a viable, sustainable and effective transition model for individuals with significant disabilities in securing quality employment outcomes;
- Five active Business Leadership Networks (BLN's) throughout communities in Indiana with additional communities showing interest in developing business partnerships through establishing local BLN's;
- Integrating the Think Beyond the Label national marketing campaign into Indiana's local awareness and marketing efforts;
- Initiating Corporate Development efforts to enhance competitive employment opportunities for individuals with disabilities while meeting the needs of business.

Through the resource surveying process and validation of findings with the Leadership Council, Indiana identifies the following areas for systems improvements:

- Increasing education and outreach on M.E.D. Works (Indiana's Medicaid Buy-In) to make it more user friendly for participants;
- Strategic planning around funding systems to promote career development and self-sufficiency through long-term employment supports for individuals with significant disabilities;
- Establishing a clear entry point to access employment and training services and decreasing fragmentation of services and supports;
- Improving access to employment for underserved populations, including youth making transitions from school to work;
- Ensuring access to programs that support increased benefits literacy, financial literacy and asset development;
- Addressing systemic and policy barriers to employment by engaging high level state leadership;
- Increasing training opportunities for family members of individuals with disabilities, providers, waiver case managers and eligibility workers on the range of employment services and supports available to individuals with disabilities; and,

- Engaging businesses and Indiana’s Economic Development Corporation in collaborative efforts to employ individuals with disabilities.

After review of the environmental scan and resource mapping, and identification of the strengths and areas for needed improvement, the Leadership Council prioritized four main focus areas for comprehensive employment planning. These areas are:

- 1) Improving access to healthcare supports for individuals with disabilities pursuing employment;
- 2) Engaging businesses in hiring individuals with disabilities and supporting business needs;
- 3) Developing and enhancing the work incentives planning infrastructure including financial literacy/asset development supports for individuals with disabilities; and,
- 4) Improving the Supported Employment and training system to help individuals with disabilities acquire, keep and advance in employment.

CHAPTER EIGHT:

COMMUNICATING INDIANA'S STRATEGIC PLAN TO KEY STAKEHOLDERS

In development of the Strategic Plan, the Indiana MIG project team has engaged a number of stakeholders in identifying key focus areas. As Indiana moves towards completion of the Strategic Plan, efforts will be taken to increase awareness of Strategic Plan goals and objectives by a broader stakeholder group, including high level state leaders. At a minimum, the following strategies will be utilized to reach the optimal number of stakeholders:

- 1) Present focus areas, objectives, and strategies at the 6th National Organization Change Forum September 22, 2010 in Indianapolis. Many stakeholders will be present including representatives from the provider community, advocates, and state leaders.
- 2) Post the Strategic Plan on the DDRS state website for public comment during October 2010. Individuals are instructed to submit comments to Julie.Cook@fssa.in.gov through October 30, 2010.
- 3) Meet with key state agency leaders in October 2010.
- 4) Work with the MIG Leadership Team to address any changes resulting from the above strategies in November 2010.
- 5) Publish a final document and distribute to key stakeholders upon approval by CMS by February of 2011.